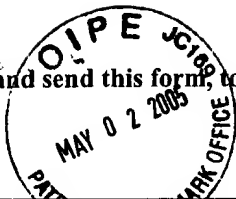


PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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 Commissioner for Patents
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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20995

7590

03/16/2005

Knobbe Martens Olson & Bear LLP
 2040 MAIN STREET
 FOURTEENTH FLOOR
 IRVINE, CA 92614

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(Signature)
(Date)

05/03/2005 WADDEL3 00000110 09552150

01 FC:1501

1400.00 OP

02 FC:8001

30.00 OP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/552,150	04/18/2000	Patrick Vandenameele	IMEC167.001AUS	3374

TITLE OF INVENTION: METHOD AND APPARATUS FOR MULTI-USER TRANSMISSION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	06/16/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
WILLIAMS, LAWRENCE B	2634	375-260000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Knobbe, Martens,2 Olson & Bear, LLP.

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Interuniversitaire Micron
 Elektronica Centrum

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Leuven, Belgium

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

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5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Authorized Signature

Russell M. Jeide

Date

April 28, 2005

Typed or printed name

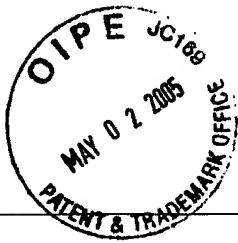
Russell M. Jeide

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54,198

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PATENT

Case Docket No. IMEC167.001AUS

Date: April 18, 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Patrick Vandenameele
Appl. No. : 09/552,150
Filed : April 18, 2000
For : METHOD AND APPARATUS
FOR MULTI-USER
TRANSMISSION
Group Art Unit : 2634
Class/Sub-Class : 375-260000
Examiner : Lawrence B. Williams

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April 28, 2005

(Date)

Russell M. Jeide
Russell M. Jeide, Reg. No. 54,198

TRANSMITTAL LETTER

MAIL STOP ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Enclosed for filing is the Issue Fee for the above-identified application:

- (X) Form PTOL-85.
- (X) A check in the amount of \$1430 to cover the issue fee and advanced order of copies is enclosed.
- (X) The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Account No. 11-1410.
- (X) Return prepaid postcard.

Russell M. Jeide
Russell M. Jeide
Registration No. 54,198
Attorney of Record
Customer No. 20,995
(951) 781-9231

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